MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) FILING DATE CLAIMS AFTER 1st AMENDMENT AS FILED AFTER 2nd AMENDMENT END. DEP. DKD. DEP. WD. OEP. DND. DEP. IND. OEP. 0EA OND. - 1 TOTAL **—**1 TOTAL _1 TOTAL DEP. TOTAL DEP. TOTAL CLAIMES TOTAL S \$6 WEN.

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* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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